

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 26-MAY-2018		TIME 0246	ADDRESS OF OCCURRENCE 5243 W OHIO ST CHICAGO, IL 60644			LOCATION CODE 092	BEAT/OCCUR. 1523	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO		
	BUSINESS NAME [REDACTED]		[REDACTED] DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) ALLEY			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE				
	EVENT NO. 02376		RD NO. JB279100	IR NO. [REDACTED]	CB NO. 19649824	CHARGE 720 ILCS 5.0/12-2-B-4 - AGG ASSAULT/PEACE OFFICER/WEAPON			INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
INVOLVED MEMBER	LIGHTING <input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/VAN/BUS <input type="checkbox"/> FOOT PAPV		MEMBER WAS? <input type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER		ASSIST UNITS <input type="checkbox"/> ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR		
	RANK 9161	LAST NAME COOK		FIRST NAME DAVID		EMPLOYEE NO. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	AGE 2	HT. 31	WT. 507
	DATE OF APPT. 02-JUL-2012	UNIT & BEAT OF ASSIGN. 015	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)			
<input type="checkbox"/> DNA <input type="checkbox"/> UNK <input type="checkbox"/> SUBJECT INFORMATION	LAST NAME MENDEZ		FIRST NAME JUAN		M.I. M	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	D.O.B. [REDACTED]-1984	HT. 510	WT. 155	
	ADDRESS [REDACTED]		TELEPHONE NO. [REDACTED]		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder	<input checked="" type="checkbox"/> OTHER (Specify) PARTNERS TRR			
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input checked="" type="checkbox"/> None/None Apparent <input type="checkbox"/> Subject Alleged Injury			<input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal			
<input type="checkbox"/> DNA <input type="checkbox"/> UNK <input type="checkbox"/> SUBJECT'S ACTIONS (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				
	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, IDENTIFY MANNER OF ATTACK?	MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)	WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> DNA <input checked="" type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member				
	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Other - Describe in Narrative	<input checked="" type="checkbox"/> Pursuing/Arresting Subject Charge: 720 ILCS 5.0/12-2-B-4 - AGG ASSAULT/PEACE OFF	<input type="checkbox"/> Struck/Blunt Force (Including Attempt) Charge: IUCR CODE: 0550 IUCR CODE:				
<input type="checkbox"/> DNA <input type="checkbox"/> UNK <input type="checkbox"/> MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject	<input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional					
	FORCE MITIGATION EFFORTS					CONTROL TACTICS					
	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES		<input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS		<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> OTHER	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR	<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING	<input type="checkbox"/> OTHER			
	RESPONSE WITHOUT WEAPONS				RESPONSE WITH WEAPONS						
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> KICKS <input type="checkbox"/> OTHER		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> LRAD W/ AUTHORIZATION*	<input type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON	<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER	<input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER			
	*AUTHORIZED BY (NAME)				RANK	STAR NO.	UNIT NO.				
<input type="checkbox"/> DNA <input type="checkbox"/> UNK <input type="checkbox"/> WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> TASER		WEAPON SERIAL NO. WEAPON CERT. NO.						
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON						
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input type="checkbox"/> [REDACTED] DEPARTMENT <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT MEMBER <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN						
	<input checked="" type="checkbox"/> TASER DISCHARGE ONLY	TASER DART ID NO.		PROPERTY INVENTORY NO.		PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		
	<input checked="" type="checkbox"/> FIREARM DISCHARGE ONLY	WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE/ MANUFACTURER	MODEL	DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): OEMC CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER **WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.**)

EVENT #02376 IN SUMMARY, R/OS WERE RESPONDING TO A SHOT SPOTTER ALERT. UPON ARRIVAL TO THE ADDRESS GIVEN, R/OS CANVASSED THE AREA AND OBSERVED TWO MALE SUBJECTS ON THE PORCH. R/OS APPROACHED FOR AN INVESTIGATORY STOP, AT WHICH TIME THE OFFENDER FLEED THROUGH THE FRONT YARD INTO THE ALLEY. R/OS GAVE CHASE AND GAVE VERBAL DIRECTIONS TO THE OFFENDER. WHILE THE OFFENDER WAS FLEEING, HE FELL TO THE GROUND AND PRODUCED A HANDGUN. WHILE CONTINUING TO FLEE, THE OFFENDER POINTED HIS WEAPON IN THE R/OS DIRECTION, PLACING THEM IN REASONABLE FEAR OF DEATH OR GREAT BODILY HARM, CAUSING R/O SZCZUR TO DISCHARGE HIS WEAPON.

REPORTING MEMBER (Print Name) COOK, DAVID	STAR/EMPLOYEE NO. 10288	SIGNATURE [REDACTED]
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REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY	<input type="checkbox"/> Minor Contusion	<input type="checkbox"/> Significant Contusion	<input checked="" type="checkbox"/> Gun Shot	HOW WAS INJURY SUSTAINED?	<input type="checkbox"/> Intentional Act by Member	<input type="checkbox"/> Intentional Act by Self	<input checked="" type="checkbox"/> Intentional Act by Other
<input type="checkbox"/> None / None Apparent	<input type="checkbox"/> Minor Laceration/Abrasion	<input type="checkbox"/> Laceration Requiring Sutures	<input type="checkbox"/> Fatal	<input type="checkbox"/> Unintentional Act by Member	<input type="checkbox"/> Unintentional Act by Self	<input type="checkbox"/> Unintentional Act by Other	
<input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Complaint of Substantial Pain	<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Other (Explain)				

WITNESSES	LAST NAME <input checked="" type="checkbox"/> UNK	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL	TELEPHONE NO.			WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT <input type="checkbox"/> REFUSED	OTHER (Specify) AVAILABLE
	WITNESS STATEMENT					

REVIEWING SUPERVISOR: COMMENTS

AREA NORTH DETECTIVES ARRIVED ON SCENE AND CANVASSED THE AREA. SUPPLEMENTARY REPORTS INCLUDING WITNESS STATEMENTS WERE SUBSEQUENTLY PREPARED

ATTACHMENTS: CASE REPORT ARREST REPORT SUPPLEMENTARY REPORT INVENTORY IOD REPORT TASER DOWNLOAD OTHER

REVIEWING SUPERVISOR:
 I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. 1089608

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) RIVERA, RICKY	STAR NO. 2101	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 26-MAY-2018 0952
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DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:

- A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
- B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
- C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR <u>1</u> OF <u>1</u> TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT 26-MAY-2018	TIME 0246	ADDRESS OF OCCURRENCE 5243 W OHIO ST CHICAGO, IL 60644	EVENT NO. 02376	RD NO. JB279100	
	RANK 9161	MEMBER LAST NAME COOK	MEMBER FIRST NAME DAVID	EMPLOYEE NO. [REDACTED]	CB NO. 19649824	
	SUBJECT LAST NAME MENDEZ		SUBJECT FIRST NAME JUAN	M.I. M	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WWH
					D.O.B. [REDACTED]-1984	

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason) [REDACTED]

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

As of this report no further action by the undersigned is required. The Investigation into this incident will be done by the Investigative Response Team (IRT). Based on the facts available at this time further investigation is needed. This TRR should be read in conjunction with all other reports, and the additional TRR.

LT OR ABOVE/INCIDENT COMMANDER:

- | | |
|--|--|
| <input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. | <input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. |
| <input type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE | <input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND |
| REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE | DIRECTIVES. |
| REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE | |
| ACCOUNTABILITY (COPA). LOG NO. OBTAINED:
[REDACTED] | <input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT. |

ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- | | |
|--|---|
| <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR | <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN |
| <input type="checkbox"/> REVIEW STREAMING VIDEO | <input type="checkbox"/> STRESS REDUCTION SEMINAR |
| <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES | |

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

STAR NO.

SIGNATURE

484

DATE/TIME COMPLETED

26-May-2018 1041